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PTO IDENTIFIER:

Application Number

09/828,225-Conf. #5617

Patent Number

Inventor:

Michael G. Alliston et al.

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20386-00295-US

PAGES (Including Cover Sheet): 15

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Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1

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Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818). Application Number 09/828,225-Conf. #5617 TRANSMITTAL April 9, 2001 Filing Date Michael G. Alliston First Named Inventor For FY 2005 Examiner Name J. A. Leung Applicant daims small ontity status. See 37 CFR 1.27 1764 Art Unit 20386-00295-US TOTAL AMOUNT OF PAYMENT (\$) 1,240.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Money Order Credit Card Nenc Other (please identify): X Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filing fée Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.18 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity <u>Şmail Entity</u> Fee (\$) **Application Type** Fce (\$) Fee (\$) Fees Paid (\$) Fee (\$) Feo.(\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 300 150 80 Plant 100 160 500 250 Reissuc 300 150 600 300 Provisional 200 100 0 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 360 Multiple dependent claims 180 Fee Paid (\$) **Multiple Dependent Claims** Total Claims Extra Claims Fec (\$) Fee (\$1) Fee Pald (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 4 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR I.16(s). Fee Pald (\$) Extra Sheets Number of each additional 50 or fraction thereof Total Sheets - 100 = /50 (round up to a whole number) x Fees Pald (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1262 Extension for response within second month 450.00 790.00 1801 Request for continued examination (RCE) (see 37 SUBMITTED BY Registration No. (Altomay/Agent) 46,750 (202) 331-7111 Telephane

Name (Print/Type)

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